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APPLICATION NO.	FILING DATE	FIRST NAMED INV		TOR	ATTORNEY DOCKET NO.	
09/880,107	06/14/2001				044921-5028	CONFIRMATION NO.
TITLE OF INVENTION: O	GENE EXPRESSION PROFIL	ES IN LIVER CANCE			044921-3028	4972
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nonprovisional	YES	ISSUE FEE	P1	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
		\$665 —		\$300	\$965	02/24/2004
EXAMINER		ART UNIT	CI	LASS-SUBCLASS]	• . •
CHAKRABARTI, ARUN K		1634		435-006000		
CFR 1.303). Change of corresponder Address form PTO/SB/12 "Fee Address" indicating PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitted (A) NAME OF ASSIGNICAL OF ASS	on (or "Fee Address" Indication or more recent) attached. Use of RESIDENCE DATA TO BE an assignee is identified belowed to the USPTO or is being sufficient. INC. assignee category or categorie enclosed:	n form ag att will respondence of a Customer PRINTED ON THE Pw, no assignee data will omitted under separate (B) RES GAIT es (will not be printed of the Paymon P	mes of up to ents OR, altern m (having as a ent) and the na orneys or agent all be printed. ATENT (print of the cover. Complet SIDENCE: (CIT THERS BURG on the patent); ment of Fee(s): check in the amount of the patent of the	patent. Inclusion of as ion of this form is NOT Y and STATE OR COU MARYLAND individual count of the fee(s) is enceard. Form PTO-2038	isignee data is only appropria a substitute for filing an assignment or other private grant distribution distribution or other private grant distribution or other private grant distribution distri	oup entity
Director for Patents is reques	ted to apply the Issue Fee and					
Authorized Signature)	Whell 8722	(Date) 2-10	-04	· 	•	
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